

Trauma-Healing Roadmap



COMMUNITY HEALTH
CENTER NETWORK

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Acknowledgements

Authors:

- Ariel Cooper, MPH
- Saleena Gupte, DrPH, CCH, NBC-HWC
- Melissa Leanda, MPH
- Nneoma Nwobilor, MSc, Cardea Services
- Melanie Ogleton, MHSA, MPH, Cardea Services

Collaborators:

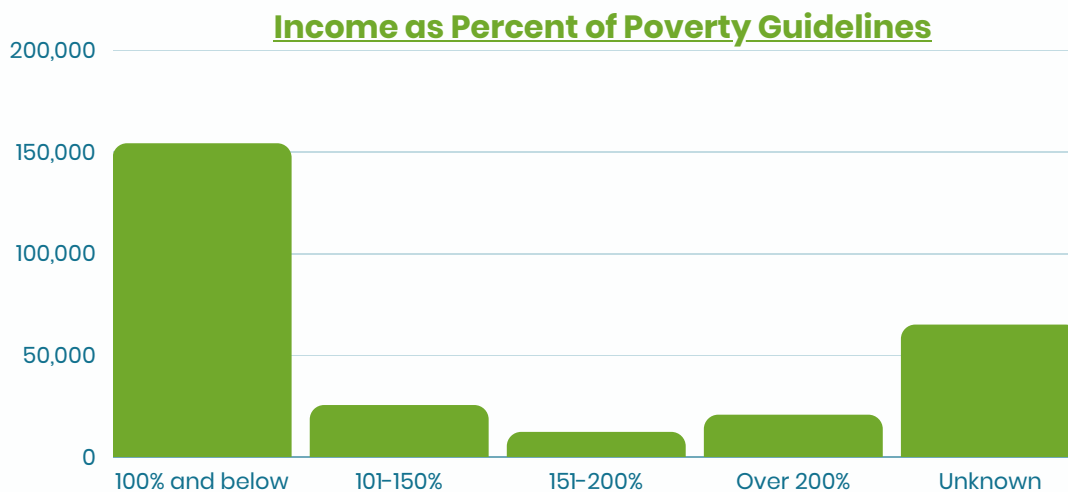
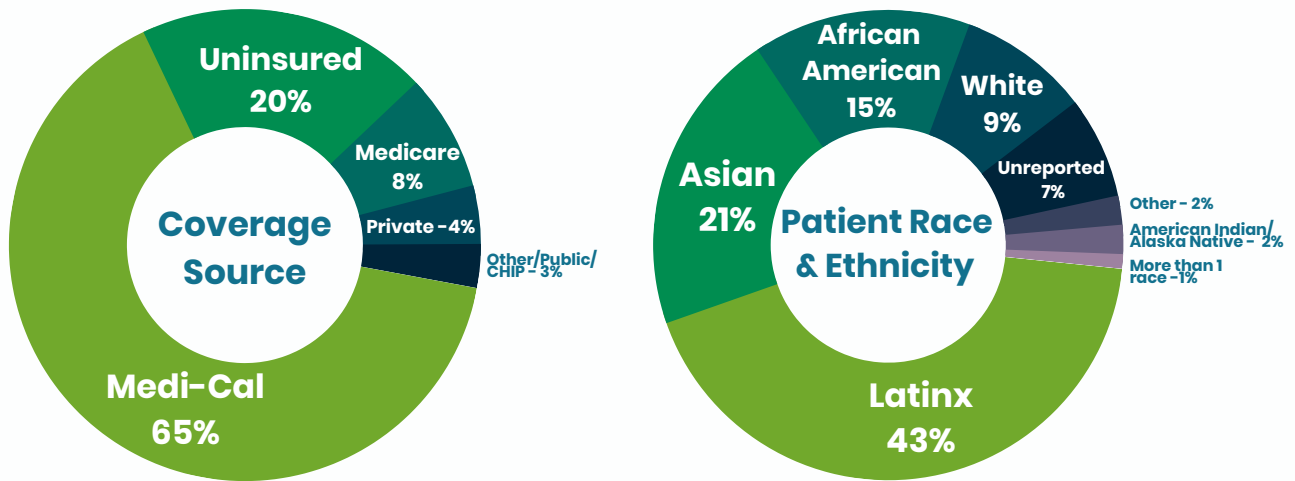
- Suksham Puri-Kumar, MD, Pediatrician and ACEs Champion, Bay Area Community Health
- Angelica Higuera, Pediatric Care Coordinator, Bay Area Community Health
- Diana Lazo, MPH, Network Contracting Specialist, CHCN
- Jody Sahota, Advocacy and Communications Manager, CHCN
- Emily Hampshire, First 5 Contra Costa
- Liliana Gonzalez, First 5 Contra Costa
- Wanda Davis, First 5 Contra Costa
- Daryn Nabeta, First 5 Contra Costa
- Sara Johnson, MD, Obstetrician Gynecologist, La Clinica de la Raza
- Barbara Botelho, MD, Pediatrician, La Clinica de la Raza
- Kate Kasberger, MD, Pediatrician, La Clinica de la Raza

Note from the Team

Our team recognizes that language surrounding trauma-informed care is continuously evolving. For this document, our team has applied language that is consistent with that being used at the time of the document's completion. We have also consulted various partner champions in the work to ensure the language is in line with what they currently deem appropriate.

Background

The Community Health Center Network (CHCN) has been formalizing the partnerships and workflows across the East Bay safety net in service of screening for and responding to Adverse Childhood Experiences (ACEs) in the Medi-Cal population. As a network, our eight health centers see approximately 75% of Alameda County's Safety Net patients and provide more than 1.4 million primary care, behavioral, dental and specialty visits annually. Of the 340,000 patients seen annually, 85% are Medi-Cal beneficiaries or are uninsured, and 95% of our patients are at or below 200% of the federal poverty level. 84% of our patient population are people of color, and a significant number of our patients are immigrants and speak multiple languages. More than 20% of all patients have a behavioral health (BH) diagnosis, encompassing both mental health and substance use disorder (SUD) diagnoses.



ACEs are traumatic events or chronic stressors that are uncontrollable to a child, and often triggered by unmet social needs and underlying social determinants of health (SDOH). ACEs can lead to toxic stress, an extensive activation of the stress response system. Toxic stress creates “wear and tear” on the body and brain, which can lead to chronic mental and physical illnesses.

Since 2020, CHCN has worked closely with member health centers, both on the primary care and behavioral health (BH) side, to provide technical assistance and operational support on how to screen for ACEs. Additionally, the CHCN team collaborated with two of our member health centers that served as formal partners in the efforts – La Clinica de La Raza (La Clinica) and Bay Area Community Health (BACH) – to answer the following questions:

- How can our health centers expand their clinical capacity to address ACEs?
- How do we develop appropriate referral workflows to connect patients with resources to aid in the trauma prevention, healing, and resilience?
- How can our network become a healing system for all of our patients in Alameda County?

Featured Partner



La ClínicaSM
a californiahth center

La Clinica de la Raza is a healthcare institution with a 50-year history of providing culturally and linguistically appropriate services to diverse and medically underserved populations in the Bay Area. The organization has been an active and collaborative participant in ACEs Aware initiatives, including considering ways by which to better implement ACE screenings at their clinics.

Our collaboration employed human-centered design (HCD) techniques to fully assess our status as a trauma-informed network and identify next steps for member health centers. CHCN held group work sessions and presentations to understand how best to support health centers in moving towards becoming a healing network using a resiliency-oriented approach.

To achieve a healing and resilient system, the CHCN team found that health centers must recognize and understand the impact of trauma, potential paths for recovery, recognize how trauma manifests for staff and patients, integrate this knowledge into the organization, and actively seek to create an environment that supports all staff and patients in their healing journey, while monitoring potential re-traumatization (Source: SAMHSA). As a result, we have co-designed a comprehensive strategic roadmap that defines the best pathways to support prevention-focused, healing, and resilience-oriented care and resources across the network.

Featured Partner




Bay Area Community Health was formed in 2020 off the strength of southern Alameda County's Tri-City Health Center and Santa Clara County's Foothill Community Health Center. Formed during the midst of the COVID-19 pandemic, Bay Area Community Health (BACH) brings more than 70 years of combined service to the area that stretches from Union City to Gilroy.

The CHCN Trauma-Healing Roadmap

The CHCN Trauma-Healing Roadmap is designed to approach Trauma Informed Care (TIC) at multiple levels with interdisciplinary expertise, and builds on the robust data sharing and operational infrastructure embedded into the existing CHCN network. The roadmap is divided into three separate sections based on the priority areas our collaborative team identified as the most important in providing TIC:

- **Organizational Capacity:** A health center's capacity to screen, address, and heal toxic stress
- **Patient Experience:** Understanding and honoring the patient experience while providing TIC
- **External Partnerships:** Development and improvement of the referral routes for resiliency-building resources in the community

Each section has a brief overview of the priority area and a series of spotlights on some of our health center's successful efforts, projects, and initiatives. The sections also contain a list of recommendations that outline a pathway or steps towards embodying a full "Healing and Resilient" organization, regardless of where one may be in their TIC development. Clinics are also encouraged to utilize the resources linked throughout the roadmap and listed in the Appendix.





Organizational Capacity

Organizational Capacity refers to a health center's capacity to screen, recognize, and respond in the direction of healing toxic stress. To better understand the ways in which our health centers could increase organizational capacity, the CHCN team spoke to multiple groups of healthcare practitioners and staff that represented varying points in a patient's path toward healing toxic stress. These groups included Care Neighborhood Community Health Workers, Integrated Behavioral Health Care Coordinators, Pediatric Care Coordinators, ACEs Care Champions, and Chief Medical Officers. While each group differed in their experience with providing trauma-informed care, the CHCN team identified many common steps toward becoming a healing and resilient organization. The steps are outlined in the Recommended Checklist on the following page.

Recommended Checklist

Organizational Capacity

Trauma and Resilience Informed	Trauma Responsive & Resilience Oriented	Healing and Resilient Organization
<ul style="list-style-type: none"> <input type="checkbox"/> Co-design clinic workflows with staff <input type="checkbox"/> Identify Clinic ACEs Champions <input type="checkbox"/> Create interdisciplinary team-based care <input type="checkbox"/> Secure initial buy-in and support from organizational leadership 	<ul style="list-style-type: none"> <input type="checkbox"/> Assess staff's knowledge of toxic stress and health outcomes, trauma informed care, and resiliency within health care and health organizations <input type="checkbox"/> Engage all staff from across the health centers in knowledge building and human-centered skills training opportunities <input type="checkbox"/> Incorporate knowledge and skills training in new employee onboarding <input type="checkbox"/> Hire new employees who align with trauma informed and resilience values and care approaches <input type="checkbox"/> Develop a formalized process to hear staff experiences, empower staff peer support, and emphasize self-care and personal resilience practices 	<ul style="list-style-type: none"> <input type="checkbox"/> Engage leadership in ongoing investment, commitment and strategy for growth and sustainability of an organizational model <input type="checkbox"/> Structure and invest in longitudinal support for programs, learning opportunities, and trainings, with iterative improvements as needed <input type="checkbox"/> Plan regular staff healing, wellness, resilience and collaboration check-ins, and build the reflections into the future organizational landscape <input type="checkbox"/> Link staff members to well-being services that promote safety, connection, and healing

Spotlight

Organization-Wide Training to Foster Healing and Resilience

Two of CHCN member clinics have successfully engaged multiple levels of staff in trauma-informed care through organization-wide trainings and meetings. Both teams understood that in order to effectively respond to toxic stress in their patient population – especially after a grueling year with COVID-19 – they would have to start with supporting the internal clinic’s resiliency and organizational capacity to create a healing environment for their patients and each other.

At La Clinica’s San Antonio clinic site, Dr. Kate Kasberger recruited a team of cross-departmental staff to join a Healing & Resiliency Workgroup formed to address Adverse Childhood Experiences (ACEs) in a trauma-informed, resiliency and healing-centered approach. They worked with Dovetail Learning to learn more about personal and collective resilience and conducted a survey assessment of clinic’s knowledge and comfort with ACEs, toxic stress, trauma-informed care, and resilience. Based on assessment findings, the workgroup co-designed a staff-oriented brochure on toxic stress, resilience, and

Spotlight

Organization-Wide Training to Foster Healing and Resilience (cont.)

healing related topics, driven by a bottom-up approach of “by the staff, for the staff.” Dr. Kasberger’s team also collaborated with the clinic site managers and health center leadership to schedule a clinic-wide training on Trauma-Informed Care (TIC), ACEs, toxic stress, resilience, and healing.

Dr. Suksham Puri-Kumar’s team at BACH also worked with Dovetail Learning to host a clinic-wide training on ACEs and trauma-informed care. Dr. Puri-Kumar similarly found the importance in providing trauma-informed care from the moment a patient walks into the clinic. She then worked with clinic staff and received leadership approval for staff training. Providers, front-desk staff, nurses, and other staff members were invited to join the morning session that shared the fundamentals of ACEs, resiliency, the roles everyone can hold in trauma-informed care, and proposed subsequent workflows for screening efforts.

Spotlight

Women's Health and Perinatal Resilience Wellness Series

The challenge of childhood trauma and its long-term effects on the individual and succeeding generations--is currently a focus of much discussion in the health care community and also is gaining recognition as a public concern. Reproductive health care, with its intergenerational span and many touch points across the life course, offers an ideal opportunity to address the impacts of ACEs and promote resilience and wellbeing. Of particular interest is the opportunity to shift the potentially negative health trajectories of current patients who have experienced childhood trauma, and even into the next generation.

At La Clinica's Monument Site in Contra Costa County, Dr. Sara Johnson, an OB/GYN specialist, sought out a paradigm shift of understanding the physiology of the stress response beyond pathology to one that can be adapted with an empowerment perspective. Through her persuasiveness, Dr. Johnson secured clinic leadership buy-in and generously created a new, eight-session seminar series for health-care staff members to bring forth the conversations around trauma and resilience in reproductive health.

Spotlight

Women's Health and Perinatal Resilience Wellness Series (cont.)

Designed to harness the greatest potential, the seminar series brought together cross-sectional health-care team members and subject-matter experts in an online learning community. The series examined the dynamics and health effects of trauma and resilience in reproductive health through a multidisciplinary, intergenerational, equity-focused lens. It also offered care team members tools, discussion, and community, while also emphasizing self-care as essential.

As a precursor to the series and to expand the impact, Dr. Johnson reached out to agency leaders to bring an introductory Trauma Informed Care training session to all staff during a protected HRSA quality assurance meeting. Behavioral health staff partnered in the endeavor to guide breakout room conversations. This foundational learning set the frame for the series.

The first Women's Health Resilience series launched in Spring 2021. Participants included La Clinica medical practitioners, behavioral health specialists, health educators, teams from school-based clinics,

Spotlight

Women's Health and Perinatal Resilience Wellness Series (cont.)

medical assistants, front desk staff, and community partners engaged in perinatal health. Centering around a “Pillars of Wellness” framework (see below) that include crucial dimensions of wellbeing and resilience, the series began with foundational concepts in ACE screening, resilience, and trauma-informed care, and then explored well-being topics such as yoga and mindfulness, relationships, nourishment, sleep, and healthy movement.

“Pillars of Wellness”



Spotlight

Women's Health and Perinatal Resilience Wellness Series (cont.)

The team solicited and incorporated participant feedback from the initial series before offering it again to the broader East Bay perinatal ecosystem in Fall 2021. New participants included more than 40 providers across multiple community based organizations, including Black Infant Health and Nurse Family Partnership. Lending credence to the experiential and resilience-focused approach, participants have expressed unanimous appreciation for learning information that promoted re-engagement with their work in a meaningful way, supported their wellbeing, shifted feelings of burnout, and emphasized the power of community resilience with colleagues. Further, participants shared that the series deepened their understanding of resilience and trauma, and empowered them to bring new tools and a trauma-informed approach to patients. Video recordings of the series can be found at traumainformedobgyn.com.



● ● ● Patient Experience

Understanding and honoring the patient experience is central to designing a system that may lessen the impact and burden of toxic stress, and ultimately lead to designing more resilience-based healing-centered care. In order to acknowledge the patient perspective and from a human-centered design framework, CHCN engaged in patient interviews to better understand how care is received and to glean suggestions to inform a trauma-healing roadmap. The CHCN team also spoke with additional patient-facing team members to better understand how best incorporate patient feedback in trauma-informed care at their health centers. The CHCN team developed the recommendations below based on patient interviews and listening sessions with health center staff.

Recommended Checklist

Patient Experience

Trauma and Resilience Informed	Trauma Responsive & Resilience Oriented	Healing and Resilient Organization
<ul style="list-style-type: none"> <input type="checkbox"/> Develop Trauma-Informed patient facing-material on ACEs, resilience, and well-being <input type="checkbox"/> Reinforce the connections between trauma and health and opportunities for healing practices with all patients 	<ul style="list-style-type: none"> <input type="checkbox"/> Foster and centralize the value of trusting relationships between care team members and patients <input type="checkbox"/> Engage all care team members in empathic inquiry and communication training <input type="checkbox"/> Offer regular skills enhancement and reinforcement opportunities <input type="checkbox"/> Invest in patient navigators, coordinators, community health workers, and health coaches to ensure trauma-responsive and resilience-oriented communication and follow-up for patients <input type="checkbox"/> Consider hosting training in trauma-specific treatment modalities that provide tools for immediate and practical use <input type="checkbox"/> Create a variety of avenues for continual patient feedback, collaboration, and co-design 	<ul style="list-style-type: none"> <input type="checkbox"/> Couple ACE screening with SDOH and Resilience skills to ensure that patient's social needs are met through a strengths-based and equitable approach <input type="checkbox"/> Create opportunities to bridge trust, collaboration, and healing for racially, ethnically and socially diverse patients centered on the principles of TIC <input type="checkbox"/> Adapt clinic environment to be warm, and inviting through calm and safe physical, social, and emotional environmental cues

Spotlight

La Clinica Implementation Grant

The CHCN team heard from health center patients, providers, and other stakeholders on the importance of the clinic environment. A positive clinical environment in which both patients and staff feel comfortable to be present without fear of re-traumatization is key in creating a healing and resilient network of care (Source: SAMHSA). The team at La Clinica Pittsburg focused on modifying the physical environment that patients and staff occupy from the moment they walk into the clinic. With support from leadership and through funding from a collaborative ACEs Aware Implementation Grant alongside First 5 Contra Costa and the Contra Costa Crisis Center, the team at La Clinica Pittsburg reimagined how they would fulfill their promise of trauma-informed care through changes in the patient waiting room.

The team's goal was to redesign the waiting room and make it more warm and welcoming for the patient and their family. The new clinic waiting room would have a pediatric section with games and a lending library, and art to capture the clinic's community. The team wanted the waiting room to be a home away from home while simultaneously acting as the first step in a patient's trauma-healing journey.

Spotlight

La Clinica Implementation Grant

After communicating with leadership, La Clinica's Pittsburgh site (soon to be followed by the La Clinica Monument site) transformed the clinic in the following ways:

- Identified and acquired key elements in making the physical clinic space feel like home (e.g., lending library, artwork)
- Hired a temporary project manager to oversee the redesign process and ensure that staff is on board
- Trained front desk and COA staff in trauma-informed care, ACEs, resiliency, and healing
- Worked with a local artist to create art to be reflective of the patients that enter the clinic
- Worked with a professional photographer to capture and display images of clinic staff, patients, and community partners for the waiting room
- Built upon this work by adding "Lucy Love Bus" exam tables in the pediatric exam rooms to further create a fun, friendly environment for children

— “ —

"We have displayed gorgeous professional photographs of both patients and staff. One little boy shouted, 'This is MY place!' when he saw his picture."

*Barbara Botelho, MD, Pediatrician
La Clinica de la Raza*

— ” —

Spotlight

Patient Interviews

Hearing and honoring the patient experience is essential to the development of a trauma healing network of care, with an ultimate goal of lessening the impact of toxic stress, and designing more resilience-based care. Holding the human-centered design framework in mind, CHCN engaged in a patient interview process to better understand how care is received and to inform a trauma-healing roadmap that holds the patient's experience at its core.

Twelve patients were identified and participated in semi-structured interviews during a six-week period. The patients' home clinics included: La Clinica de la Raza, Bay Area Community Health, LifeLong Medical Care, and Tiburcio Vasquez Health Center. Interviews were conducted in both Spanish and English. Eleven of the twelve participants were parents/caretakers of pediatric and young adult patients, and one participant was an adult medicine patient. Most of the parents/caretakers had more than one child who were patients of their respective health center, and in many cases the parent/caretaker was also a patient themselves.

Spotlight

Patient Interviews (cont.)

The interview format was purposeful in including questions and prompts regarding a range of experiences with health centers, clinic staff, and the clinical environment, with specific attention to trauma responsive care. Highlights of the interviews included:

- Among the 12 participants, 58% were asked about trauma and stress, 41% were given the ACEs questionnaire, 25% had a follow-up conversation with a staff member about the assessment, and 91% were offered a referral (internal health center or an external community-based referral).
- Patients are open to being asked about stress and welcomed further conversation about toxic stress and trauma.
- For the few patients that were given the ACEs questionnaire there were mixed responses. A few felt it was important, while others felt like it was another form to complete and would have liked additional explanation or help in filling it out.
- Among the few patients who had a follow up conversation, they appreciated the psychoeducation about trauma and stress, and potential long-term impacts for their children and themselves.

Spotlight

Patient Interviews (cont.)

- In general, there is a heavy reliance on behavioral health referrals, and patients shared while that is helpful, the long wait-times to receive therapeutic care are challenging. A few patients mentioned the benefit of their care manager as a key source for support.
- The value of relationships and skills coaching were two resounding areas that patients named as helpful in the health care setting. The core features of relationships included: trust, kindness, active listening, communication, unbiased, and comforting. Skills coaching covered: managing emotions by offering calming techniques, and parenting and life management.
- The biggest impacts to relationships and quality of care were inconsistent care (needing to change providers) and staff turnover (loss of a familiar person they liked).
- Ensuring a welcoming environment was the most named area to improve. This included staff offering welcoming greetings and language accessibility.

Spotlight

Patient Interviews (cont.)

During the interviews, personal narratives and feedback offered a wealth of information. Based on the information collected from these interviews, the following are recommendations to consider in moving towards improved health center environments and experiences inclusive of a trauma healing approach.

- Ask all patients about stress, overwhelm, challenges, or trauma. Consumers are open to having this conversation, especially with the context of abrupt life experiences within the recent past.
- If using the ACES tool, a supportive follow up conversation is critical to help explain the form and address concerns or questions. A script with talking points and practice opportunities can help guide staff members in these discussions.
- Adapt the format of the questionnaires to be more accessible and inclusive for all patients. This includes accessibility in language, format, reading level, and learning style (e.g., use of visuals or pictures)

Spotlight

Patient Interviews (cont.)

- Hold consistent and regular training for all staff that includes: welcoming environment and greetings, communication styles, active listening, and empathy. This begins with addressing and understanding underlying circumstances that may be contributing to burnout or overwhelm for staff members, and considering those factors as leading to less than positive experiences for patients.
- Emphasize team-based care and the inclusion of a range of disciplines who are available to offset the reliance on referrals to clinicians, the inconsistencies of staff turnover, and lengthy wait times to be seen. Consider the inclusion of ancillary and complementary team members such as CHWs, care managers, health coaches, and wellness specialists.

Spotlight

Patient Interviews (cont.)

- Focus on relationship-oriented care as a strengths-based asset. The patient voices support the fact that strong, consistent, trusting relationships can engender successful therapeutic encounters and are a key factor to a heightened experience in health care. Trauma informed principles support relationships, especially with sensitive information. Central components of trauma healing relationships and resilience are: safety, inclusivity, trust, respect, community, transparency, collaboration, humility, and empowerment. Hosting additional training and supportive dialogues for health center staff members and ultimately, for enhanced patient care are one part of the process of embracing trauma healing systems of care.



External Partnerships

The final key aspect of creating a trauma-healing network involves the development and improvement of the referral routes for resiliency-building and other resources in the community. The CHCN team convened a group of organizations that are either commonly interface with our network patients and are committed to providing trauma-informed care in the East Bay.

CHCN hosts an integrated data sharing function within OCHIN Epic in which patients may more easily be connected to trauma healing community partners and resources. In addition to building on these relationships, the CHCN team is looking into executing an Application Programming Interface (API) sharing capacity between database platforms for CHCN's Electronic Health Record (OCHIN Epic) and the essential community partners. Health centers are also assessing the use of electronic systems that serve as community-based organization resource directories and referral platforms.

Recommended Checklist

External Partnerships

Trauma and Resilience Informed	Trauma Responsive & Resilience Oriented	Healing and Resilient Organization
<ul style="list-style-type: none"> <input type="checkbox"/> Establish data sharing agreements across organizations for bi-directional referrals and seamless continuity of patient care <input type="checkbox"/> Invest in patient navigators, care coordinators, community health workers, and health coaches who are trained in the landscape and can facilitate warm connections 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop key partners who are trauma-informed/ responsive, meeting regularly to discuss referral process and identify improvements <input type="checkbox"/> Couple ACE screenings with SDOH and Resilience skills and discuss with partners to match social needs with available resources 	<ul style="list-style-type: none"> <input type="checkbox"/> Foster ongoing formal relationships and partnerships with community partners <input type="checkbox"/> Collaborate with community partners to cross-share information and learnings about ACEs, resilience, and trauma-healing care broadly across community partners

Spotlight

First 5 Contra Costa, Contra Costa Crisis Center, and La Clinica's ACEs Aware Implementation Grant

Providing appropriate trauma-informed support requires deep knowledge of the patient's community, culture, and specific needs. Local organizations therefore play a crucial role in a patient's healing journey. La Clinica de la Raza's collaborative partnership with First 5 Contra Costa and the Contra Costa Crisis Center is a prime example of ways that health centers can partner with external entities to provide trauma-healing, culturally-appropriate care for shared patient populations.

Dr. Barbara Botelho and her team of providers at La Clinica de la Raza were active participants in First 5 Contra Costa's ACEs Aware Round 1 activities. First 5 Contra Costa is a local organization that invests in early childhood programs and advocates for policies for children during their first five years, the most important time in children's development. As an ACEs Aware Grantee, First 5 was interested in learning more about how trauma-informed practices may play a role in their target population's growth and development.

Spotlight

First 5 Contra Costa, Contra Costa Crisis Center, and La Clinica's ACEs Aware Implementation Grant (cont.)

After many discussions about screening efforts and increasing pediatric support, the La Clinica and First 5 teams found an opportunity to collaborate as joint ACEs Aware Round 2 Grantees, along with the Contra Costa Crisis Center, a nonprofit organization that provides free 24/7 services to anyone in need, including those served by La Clinica de la Raza and First 5 Contra Costa County.

Together, these three entities are exploring the impact of implementing ACE screenings for patients aged 0–5 (see Appendix), and determining how parental ACE screenings can be implemented and how referral processes to external entities and community resources can be improved. The team has built upon the existing Help Me Grow Contra Costa referral system to facilitate referrals from La Clinica to the Crisis Center and subsequently to community agencies. The three organizations can now more easily communicate back and forth and ensure that referral loops are being closed.

Spotlight

Pediatric Care Coordinator at Bay Area Community Health

Proactively addressing trauma exposure at a young age alleviates a person's physical and behavioral health concerns as an adult. All the eight CHCN member health centers offer comprehensive and integrated pediatric healthcare services, and providers also shared that they need additional assistance in connecting their 48,000+ pediatric patients and their families to medical, behavioral, social, and trauma-healing community services and resources. As a response to the increasing need for support, CHCN collaborated with its health center pediatric leads to launch the Pediatric Care Coordinator pilot in January 2021. By July 2021, eight Pediatric Care Coordinators were hired and played a key role in the path toward becoming a trauma-healing network. The Pediatric Care Coordinator at Bay Area Community Health (BACH), for example, is specifically helping to bridge the gaps between the health center and external partners that provide trauma-healing support.

BACH has been routinely screening pediatric patients for ACEs. To better support patients, BACH trained their Pediatric Care Coordinator to focus solely on trauma-informed support.

Spotlight

Pediatric Care Coordinator at Bay Area Community Health (cont.)

Once a primary care practitioner completes an ACE screening with a patient, the practitioner will determine whether they need additional support. If it would help for the patient to be connected to additional care or resources, they will be referred to their Pediatric Care Coordinator. The Pediatric Care Coordinator will then work closely with the patient to ensure that they are receiving services aligned with trauma informed and healing care. Within the first few months of the pilot, the Pediatric Care Coordinator had connected over 300 patients and their families to trauma-healing organizations and resources. Specific opportunities to collaborate with external organizations have included:

- Connecting their Pediatric Care Coordinator to events, such as CHCN's Pediatric Resources Fair, to learn more about any local organizations that provide trauma-informed support
- Collaborating closely with the team at Help Me Grow on complex cases for patients age 0 to 5
- Attending regular meetings with the Pediatric Care Coordinators and ACEs champions from other member health centers to share best practices and address any issues in the screening/referral process



Conclusion

The CHCN Trauma-Healing Roadmap will be disseminated to CHCN's network of FQHCs and external partners in Alameda County as a way to support system partners in becoming more prevention-focused, healing, and resiliency-oriented organizations. All recipients are encouraged to adapt the information, resources, and checklists according to their own unique needs and challenges. The CHCN team will continue to build upon the relationships fostered during the roadmap development period and brainstorm next steps in building out a network of trauma-informed care programs to best serve the community.



Appendix

Organizational Capacity

- [Training Curriculum](#): Information on training curriculum that we developed based on HCD sessions with IBHCC, care champions, PCCs
- [La Clinica's Staff Assessment Survey](#): A survey assessment of clinic's knowledge and comfort with ACEs, toxic-stress, trauma-informed care, and resilience
- [Suggested Clinical Screening Workflows for Screening](#): A resource for health centers developing their ACE screening workflows

Patient Experience

- [Patient/Family Education Handouts | ACEs Aware](#): Patient-facing resources from ACEs Aware
- [Wellness Packet](#): A wellness packet with resources, information, and checklists that support patients in their trauma-informed care journey
- [Patient Script](#): An example of how providers can introduce the ACE Screening Tool

External Partnerships

- [Pediatric Care Coordinator Job Description](#): Sample job description for for Pediatric Care Coordinator, which includes language around utilizing the role for trauma-informed care
- [Increasing Access to Enhanced EHR Tools to Detect Toxic Stress](#): OCHIN Member Story about BACH's efforts in screening for toxic stress

Appendix

Additional Resources

- [ACE Screening Implementation How-To Guide](#): Provides the information, tools, and resources you need to move your organization further along its ACE screening journey
- [Contra Costa Network of Care](#): An online hub where you can:
 - CONNECT Share resources, post about your programs, and directly message other care providers in the County
 - BUILD SKILLS Stay up to date with a calendar of trainings and events for boning up knowledge and skills related to early childhood trauma and conducting ACE screenings
 - TAKE ACTION Join peer-to-peer learning circles where we can identify shared challenges and solutions
- Resilient Beginnings Network: Two new tools for health centers that provide pediatric primary care:
 - [An Organizational Capacity Assessment](#) to understand strengths and opportunities for improvement.
 - [A Roadmap Template](#) to lay out a plan for becoming a healing organization and providing trauma- and resilience-informed pediatric care.